

Property Transfer Program - Form III

Complete all sections. Submit two copies to the DEP. Form III means a written certification signed by a certifying party on a form prescribed and provided by the Commissioner, which certification states that (A) a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste has occurred at the Parcel or the environmental conditions at the Parcel are unknown, and (B) that the person signing the certification agrees to investigate the Parcel in accordance with prevailing standards and guidelines and to remediate the Parcel in accordance with the Remediation Standard Regulations, Sections 22a-133k and 22a-133q of the Regulations of Connecticut State Agencies (RCSA). A complete ECAF **must** be submitted with Form III regardless of whether a ECAF is already on file with DEP.

Section A: General Establishment Information

1. EPA (RCRA) ID No.: CT D98016799
2. Type of transfer: Corporate Spin-off
3. Owner of Establishment (if corporation, the full exact name as registered with the Connecticut Secretary of State):
Name: Olin Corporation
Mailing Address: 350 Knotter Drive
City/Town: Cheshire State: CT Zip Code: 06410
Business Phone: 203-271-4000 ext. 4076 Fax: 203-271-4367
Contact Person: John Lesky Title: Responsible Care Mgr.

Operator of Establishment (name of *business* which exists/existed on-site which meets/met the definition of establishment. If corporation, give the full exact name as registered with the Connecticut Secretary of State):
Name: Olin Corporation
Mailing Address: 350 Knotter Drive
City/Town: Cheshire State: CT Zip Code: 06410
Business Phone: 203-271-4000 ext. 4076 Fax: 203-271-4367
Contact Person: John Lesky Title: Responsible Care Mgr.
5. Property Owner (as appears in land records):
Name: Olin Corporation
Mailing Address: 350 Knotter Drive
City/Town: Cheshire State: CT Zip Code: 06410
Business Phone: 203-271-4000 ext. 4076 Fax: 203-271-4367
Contact Person: John Lesky Title: Responsible Care Mgr.
6. Description in Property Deed:
Recorded on page 198 of volume 438 of the town of Cheshire land records as lot 13
block _____ on map 9 in the town of Cheshire Tax Assessor's Office.
7. **A map of the property location must be submitted with this form.**

Section B:

Indicate the Reason Why a Form III is Being Submitted:

CDEP did not accept Form I submittal from Olin. Department did not consider Olin's Phase 1 Assessment to be adequate.

Section C: Certification

An establishment located at 350 Knotter Drive, Cheshire

(Street)

(Town)

is being transferred on Feb. 8, 1999 by Olin Corporation

(Date)

(Transferor)

to Arch Chemicals, Inc.

(Transferee)

"As the certifying party, I certify that, to the extent necessary to minimize or mitigate a threat to human health and the environment, I agree to investigate the Parcel in accordance with prevailing standards and guidelines and to remediate the Parcel in accordance with the remediation standards. I agree to contain, remove or abate pollution, potential sources of pollution and substances in soil or sediment which pose an unacceptable risk to human health or the environment.

I have personally examined and am familiar with the information submitted in this document and certify that based upon a reasonable investigation, including inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate, and complete. I am aware that if I knowingly submit false information or fail to comply with the provisions of Connecticut General Statute Sections 22a-134 to 22a-134e as amended by PA 97-218, I may be subject to a forfeiture of up to \$100,000.

I certify that this Form III is complete and accurate as prescribed by the Commissioner without alteration of the text."

Certifying Party, as defined in CGS Section 22a-134. (This must be signed by an individual, responsible corporate officer, partner in a partnership, or member of an LLC, as applicable):


Signature of Certifying Party

5/23/00
Date signed

Dan Bennewitz
Name of Certifying Party (print or type)

Manager, Env. Services
Title

P. O. Box 800
Mailing Address

Charleston, TN 37310
City/Town State Zip

Arch Chemicals, Inc.
Relationship to transfer

423-780-2541
Phone Number

STATE OF Tennessee }
COUNTY OF Bradley }

ss. Charleston, TN
(Town)

The foregoing was subscribed to and sworn to before me this 23rd

day of

May, 1999, by Dan Bennewitz

(Name of signatory)


(Signature of Notary Public)

Vivian R. Powers

(Name of Notary Public)

My commission expires 01/05/03

Section D:

This document was received by me on April 18, 2000 as the transferee. (This must be signed by an individual, a responsible corporate officer, partner for a partnership, or member of an LLC, as applicable, and must be completed regardless of whether the transferee is also the certifying party.)

<u>Charles W. Shaver</u> Signature of Transferee Charles W. Shaver		<u>May 19, 2000</u> Date signed Vice President of Operations	
Name of Transferee (print or type) 501 Merritt Seven, P. O. Box 5204		Title Norwalk, CT 06856	
Mailing Address Arch Chemicals, Inc.		City/Town 203/229-2656	State Zip
Representing STATE OF <u>CONNECTICUT</u> } COUNTY OF <u>FAIRFIELD</u> }		Phone Number ss. <u>NORWALK</u> (Town)	
The foregoing was subscribed to and sworn to before me this <u>19th</u> day of <u>May</u> , 1999 <u>2000</u> , by <u>Charles W. Shaver</u> <u>Heide A. Fries</u> (Signature of Notary Public) (Name of Signatory) Heide Fries (Name of Notary Public)			
My commission expires <u>03-31-2004</u>			

Section E:

This document was executed by me on _____ as the transferor. (This must be signed by an individual, a responsible corporate officer, partner for a partnership, or member of an LLC, as applicable, and must be completed regardless of whether the transferor is also the certifying party.)

<u>John McIntosh</u> Signature of Transferor John McIntosh		<u>15 May 2000</u> Date signed President, Chlor Alkali	
Name of Transferor (print or type) 650 25th Street, N.W.		Title Cleveland, TN 37311	
Mailing Address Olin Corporation		City/Town 423/336-4212	State Zip
Representing STATE OF <u>Tennessee</u> } COUNTY OF <u>McMinn</u> }		Phone Number ss. _____ (Town)	
The foregoing was subscribed to and sworn to before me this <u>15th</u> day of <u>May</u> , 1999 <u>2000</u> , by <u>John L. McIntosh</u> <u>Peggy A. Dover</u> (Signature of Notary Public) (Name of Signatory) Peggy A. Dover (Name of Notary Public)			
My commission expires <u>9-24-2002</u>			

This form is prescribed and provided by the CT Department of Environmental Protection (DEP).

DEP does not certify that the information submitted in this form is correct.

Section F: Form of Acknowledgment (This pertains to the certifying party and must be completed and notarized.)

For Individual or Partnership:

STATE OF _____	}	ss. _____
COUNTY OF _____	}	(Town)
The undersigned officer, personally appeared _____		
(Name of Individual(s) or Partner)		
known to me (or satisfactorily proven) to be the person(s) whose name is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.		
The foregoing was subscribed to and sworn to before me this _____ day of _____, 199 _____, by _____		
(Name of Individual(s) or Partner)		
_____ (Signature of Notary Public)	_____ (Name of Notary Public)	
My commission expires _____		

: a Corporation/LLC:

STATE OF <u>Tennessee</u>	}	ss. <u>Charleston, TN</u>
COUNTY OF <u>Bradley</u>	}	(Town)
The undersigned officer, personally appeared <u>Dan Bennewitz</u> who		
(Name of Officer/Member)		
acknowledged himself to be the <u>Mgr., Env. Services</u> of <u>Arch Chemicals, Inc.</u>		
(Title) (Name of corporation/LLC)		
a corporation/LLC, and that he, as such <u>Manager, Env. Services</u> , being authorized so to do,		
(Title)		
executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation/LLC by himself as <u>Mgr., Environmental Services</u>		
(Title)		
The foregoing was subscribed to and sworn to before me this <u>23rd</u> day of <u>May</u> , 1999 <u>2000</u> , by <u>Dan Bennewitz</u>		
(Name of Officer/Member)		
<u>Vivian R. Powers</u> (Signature of Notary Public)	<u>Vivian R. Powers</u> (Name of Notary Public)	
My commission expires <u>01/05/03</u>		